2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000702

Entity Name: FIRST OPTION MORTGAGE, LLC

222 W. LAS COLINAS BLVD. STE 858E

IRVING, TX 75039

Address:

City-St-Zip:

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 GALLERIA PARKWAY **SUITE 1750** ATLANTA, GA 30339 **Current Mailing Address: New Mailing Address:** 400 GALLERIA PARKWAY **SUITE 1750** ATLANTA, GA 30339 FEI Number: 68-0570826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BURFORD, TIMOTHY O Name: Name: Address: 400 GALLERIA PARKWAY STE. 1750 Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: NIKOLAI, KURT A Name: Address: 400 GALLERIA PARKWAY STE. 1750 Address: City-St-Zip: ATLANTA, GA 30339 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition VALLINE, JOHN P Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: KURT NIKOLAI MGRM 03/26/2009